Films B 160 Item #9 1/19/54 mch.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12219

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND (RURAL) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) ALPHONSO (Middle) (Last) BARELLA
4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 3-28-1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B & O HELPER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME: BARELLA, PASQUILE
14. MOTHER'S MAIDEN NAME: RICHLEHI, BEATRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-10-2909
17. INFORMANT & ADDRESS: Mrs. Charles Lowdermilk, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
416X
Immediate cause (a) Uremia — Interval between onset and death: 8 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cardio-renal vascular Disease — 15 year
DUE TO (c) Rheumatic Heart Disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1952, to DEc. 6, 1953, that I last saw the deceased alive on Dec. 6, 1953, and that death occurred at 4:15 A. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
A. E. Mance MD Oakland Md 7 Dec 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 9-1953
NAME OF CEMETERY OR CREMATORY Oaklawn
LOCATION (City, town, or county) (State) Oakland Md
DATE REC'D BY LOCAL REG. 12/9/53
REGISTRAR'S SIGNATURE Julia G Rowan
24. FUNERAL DIRECTOR ADDRESS Emory Bolden Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 7 1954
BUREAU V. S.

12220

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- KITZMILLER | LENGTH OF STAY (in this place) 57 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4Mi.N.W. on Rt.38

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- KITZMILLER
STREET ADDRESS (If rural, give location) 4MILES N.W. on RT. 38

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) THOMAS (Last) BARNARD
4. DATE OF DEATH: (Month) DEC. (Day) 11, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: JAN. 26, 1896
9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines
11. BIRTHPLACE (State or foreign country): near DeerPark, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE WASHINGTON BARNARD
14. MOTHER'S MAIDEN NAME: ISABEL SUSAN PAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD W. I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: George Barnard-Star Rt. Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 433.1 Acute myocardial Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1940., to Dec 10, 1953., that I last saw the deceased alive on Dec. 10, 1953., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ralph Calandella M.D Kitzmiller Md Dec. 11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/13/53
NAME OF CEMETERY OR CREMATORY Harvey Cemetery
LOCATION (City, town, or county) (State) near Kitzmiller, Md.

DATE REC'D BY LOCAL REG. 12/12/53
REGISTRAR'S SIGNATURE A.W. Barrick
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va ADDRESS

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1953
BUREAU V. S.

Film G160 Item #8 1/19/54 mnt.

6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12221

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MARYLAND X
LENGTH OF STAY (in this place) 48 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MARYLAND X
STREET ADDRESS (If rural give location) 92 SECOND STREET

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) MAE (Last) BOLDEN
4. DATE OF DEATH: (Month) DECEMBER (Day) 13 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 7-20-~~1878~~ 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNDERTAKER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: BOLDEN, DECORSEY EMROY
14. MOTHER'S MAIDEN NAME: ROTH, SARAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: EMROY BOLDEN 92 SECOND ST., OAKLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

162X

Immediate cause (a) Carcinomatosis (Primary in lung) — 7 mos.
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Oct. 1953
19b. MAJOR FINDINGS OF OPERATION: Biopsy of ileum (adenocarcinoma)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec., 1953, that I last saw the deceased alive on Dec. 13, 1953, and that death occurred at 6.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Alvarez M.D. ADDRESS 101 Third St. DATE SIGNED Oakland Md. 14 Dec. 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF DEC. 16-1953 NAME OF CEMETERY OR CREMATORY OAKLAND LOCATION (City, town, or county) OAKLAND (State) MARYLAND.
DATE REC'D BY LOCAL REGISTRAR 12/16/53 REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1954
BUREAU V. S.

Film G160 Item #9 1/19/54 mnl.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12222

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MARYLAND X
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA. COUNTY PRESTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AURORA V45-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) M. (Last) FAUBER
4. DATE OF DEATH: (Month) DECEMBER (Day) 24 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6-27-1876
9. AGE last birthday: ~~78~~ 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: CARPENTER
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA 45
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW FAUBER
14. MOTHER'S MAIDEN NAME: DEAKINS, DEBORA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. MARGARET FAUBER

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Uremia — Interval Between Onset And Death: 4 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio Renal Disease — 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1953, to Dec. 24, 1953, that I last saw the deceased alive on 24 Dec, 1953, and that death occurred at 8:43 P.M., from the causes and on the date stated above.

SIGNATURE A. G. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 25 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12/27/53
NAME OF CEMETERY OR CREMATORY AURORA CEMETARY
LOCATION (City, town, or county) (State) AURORA, W. VA.

DATE REC'D BY LOCAL REGISTRAR 12/27/53
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Wayne C. Spiggle ADDRESS Davis, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12223

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett Co. Friendsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Friendsville. COUNTY Garrett.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) Rufus (Last) Fike
4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 18. 1863.
9. AGE last birthday: 90 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods worker
10b. KIND OF BUSINESS OR INDUSTRY: Labor.
11. BIRTHPLACE (State or foreign country): Friendsville
12. CITIZEN OF WHAT COUNTRY? American.
13. FATHER'S NAME: Samuel M. Fike
14. MOTHER'S MAIDEN NAME: Mary Ann Spencer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Chester Fike - Friendsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Dec 29, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 2135 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Jeffers, M. D. ADDRESS Friendsville, Md DATE SIGNED Dec-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec 31-53.
NAME OF CEMETERY OR CREMATORY: Sand Spring Cemetery
LOCATION (City, town, or county) (State): Friendsville-Garrett-Md

DATE REC'D BY LOCAL REG.: Dec 29-1953
REGISTRAR'S SIGNATURE: Kathryn Fike
24. FUNERAL DIRECTOR: W. H. Rodabaugh ADDRESS: Markleysburg

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Oakland
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memoral Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Oakland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Emma (Last) Gnegy
4. DATE OF DEATH (Month) Dec (Day) 23 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 26, 1865
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David Hauser
14. MOTHER'S MAIDEN NAME Maria A. Gauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Homer Gnegy (Son.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) Second & third degree burns, head, neck, back & both arms — 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 22-1953
19b. MAJOR FINDINGS OF OPERATION Redundant of mucus
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home near (CITY OR TOWN) Oakland (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 21-1953 11 00 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Caught on fire from klaxon stove

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide, homicide, undetermined.

SIGNATURE (Degree or title) Baum Gartner MD ADDRESS Oakland Md DATE SIGNED Dec 24-1953

[illegible] (Specify) burial
DATE THEREOF Dec. 26-53
NAME OF CEMETERY OR CREMATORY Red House
LOCATION (City, town, or county) (State) Red House, Md.

DATE RECD BY LOCAL REG. 12/26/53
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Wayne C. Spiggle ADDRESS Davis, W.Va.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The [illegible] specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Mt Lake Park | LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Braethorn Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural give location) The Braethorn Apts.

3. NAME OF DECEASED: (Type or Print) (First) Harlen (Middle) Hogue (Last) Kemphfer
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	3/12/1923	30 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Hauling for others Trucking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul J. Kemphfer
14. MOTHER'S MAIDEN NAME: Charlotte Hogue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-24-6362
17. INFORMANT & ADDRESS: Mrs. Harlen Kemphfer Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Congestive heart failure — Interval Between Onset And Death: 8-10hrs?
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Mitral Stenosis with fibrillation — Since childhood
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Upper Respiratory Infection — 12-18hrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Aug, 1951, to 24 Dec, 1953; that I last saw the deceased alive on ?, 19 ., and that death occurred at 10:10 A M, from the causes and on the date stated above.

SIGNATURE Thomas D. Lusby M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 24 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/27/1953
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE RECD BY LOCAL REGISTRAR 12/27/53
REGISTRAR'S SIGNATURE Julia A Mowan LR
24. FUNERAL DIRECTOR, ADDRESS Herbert C. Leighton Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Grantsville, Md.

LENGTH OF STAY (in this place) 40 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) BEITZEL (Last) KLOTZ

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 11, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Accident, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Beitzel

14. MOTHER'S MAIDEN NAME: Mary Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Daniel Klotz, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174X

Immediate cause (a) Carcinoma of the uterus — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1953 **19b. MAJOR FINDINGS OF OPERATION:** Carcinoma uterus with pelvic metastasis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953., to 12-17, 1953., that I last saw the deceased alive on Dec 7, 1953., and that death occurred at 6:12 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Alexander Lobisio, M.D. Salisbury, Md. 12/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/19/53

NAME OF CEMETERY OR CREMATORY Accident

LOCATION (City, town or county) (State) Accident, Garrett Co. Md.

DATE REC'D BY LOCAL REG. Dec. 18, 53

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm. Winterberg

ADDRESS Grantsville, Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WEEKS NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND MARYLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) JOSEPH (Middle) LEE (Last) McCOMAS.
4. DATE OF DEATH: (Month) DEC. (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	WIDOWED	FEB. 18, 1871	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OAKLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH LEE McCOMAS.
14. MOTHER'S MAIDEN NAME: ELLEN WHEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)
17. INFORMANT & ADDRESS: R.G. McCOMAS. OAKLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerotic cardiovascular disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May 48 to 10 Dec 1953, that I last saw the deceased alive on 7 Dec 1953, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

SIGNATURE: Thomas J. Gurley M.D. — DEGREE OR TITLE — ADDRESS: Oakland. Md. — DATE SIGNED: 10 Dec 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: DEC. 12, 1953 — NAME OF CEMETERY OR CREMATORY: OAKLAND — LOCATION (City, town, or county) (State): OAKLAND. MARYLAND.

DATE REC'D BY LOCAL REG.: 12/13/53 — REGISTRAR'S SIGNATURE: Julia A Mower LR — 24. FUNERAL DIRECTOR: Emrey Bolden Oakland Md — ADDRESS

RECEIVED
JAN 7 1954
BUREAU V. S.

4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 766

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman
STREET ADDRESS (If rural give location) Post Office Gormania, W. Va.

3. NAME OF DECEASED: (Type or Print) (First) Carlton (Middle) Dennis (Last) Reall

4. DATE OF DEATH: (Month) (Day) (Year) December 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9/7/1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: U. S. Army past nine years
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry M. Reall
14. MOTHER'S MAIDEN NAME: Bessie Hutton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1944 to 1953
16. SOCIAL SECURITY NO.: 220-10-1097
17. INFORMANT & ADDRESS: Miss Hazel Reall Gormania, W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 10 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Renal tuberculosis — 1 yr

DUE TO (c) Pulmonary tuberculosis — 1 1/2 YRS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1953, to 12-16, 1953, that I last saw the deceased alive on 12-7, 1953, and that death occurred at 5:00 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Teacher Jr. M.D. ADDRESS Oakland, Md. DATE SIGNED 12-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/19/1953
NAME OF CEMETERY OR CREMATORY Pope Cemetery
LOCATION (City, town, or county) (State) Gorman, Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12/19/53
REGISTRAR'S SIGNATURE Julia A Rowan L R
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AVILTON Md
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AVILTON Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) JANE (Middle) C. (Last) ROBESON

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 8/29/1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES DURST

14. MOTHER'S MAIDEN NAME: REBECCA OTTO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HERMAN ROBESON, AVILTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-Sclerosis DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 16 hrs (b) several years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1947, 19..., to Dec 27, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Wm C Lane (DEGREE OR TITLE) MD ADDRESS Frostburg Md DATE SIGNED Dec 27 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/29/1953

NAME OF CEMETERY OR CREMATORY Mt. Zion Methodist

LOCATION (City, town, or county) U.S. Route 40, Md. (State)

DATE REC'D BY LOCAL REG. 12/29/53

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winebrenner Grantsville Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 766

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Garrett
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Mt. Lake Park
MARYLAND
LENGTH OF STAY (In this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn Heights

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural give location) Loch Lynn Heights

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Wensell (Last) Simmons

4. DATE OF DEATH: (Month) (Day) (Year) December 20, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	5/5/1867	86 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Moses Wensell	Lynda Belle Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	------	Blaire Simmons Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Myocardial Failure	6 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Mesenteric Thrombosis	24 hours.
	DUE TO (c) Arterio Sclerotic Cardio Vascular Dis	6 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1947, to Dec. 20, 1953, that I last saw the deceased alive on 20 Dec, 1953, and that death occurred at 1:00 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. E. Mance MD	Oakland Md	21 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/23/1953	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/22/53	Julia A. Brown	Herbert C. Leighton	Oakland, Md.

21

BUREAU V. S.

Film#G160 Item# 9 1/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166 2314

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY GARRETT — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND, MARYLAND

LENGTH OF STAY (in this place): 9 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND, MARYLAND

STREET ADDRESS (If rural give location): ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First) ABRAHAM (Middle) LINCOLN (Last) SINES

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/25/1864

9. AGE Last birthday: 89 yrs. — IF UNDER 1 YEAR: Months — Days 3 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SANG RUN, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: SINES, WILLIAM

14. MOTHER'S MAIDEN NAME: JOHNSON, ELIZA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: A. W. SINES ROUTE # 1 OAKLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic heart disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1953, to Dec. 28, 1953, that I last saw the deceased alive on Dec. 27, 1953., and that death occurred at 3:7 A.M. Dec 28, 1953, from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Alvarez M.D. — ADDRESS: Oakland, Md — DATE SIGNED: Dec. 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 30-1953 — NAME OF CEMETERY OR CREMATORY: Gray — LOCATION (City, town, or county) (State): Mar. Oakland

DATE REC'D BY LOCAL REGISTRAR: 12/30/53 — REGISTRAR'S SIGNATURE: Julia A. Kerwin LR

24. FUNERAL DIRECTOR: Emroy Bolden — ADDRESS: Oakland Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1223

1. PLACE OF DEATH: COUNTY Barrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WVa COUNTY Preston
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingwood WVa
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) Marie (Last) SPAHR
4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 12, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 8 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt Pleasant Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Spahr
14. MOTHER'S MAIDEN NAME: Rebecca Gibson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: J T Spahr, Kingwood WVa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 12 days?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio
DUE TO (c) vascular disease with

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized heart murmur — years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 March 1953, to 8 Dec, 1953, that I last saw the deceased alive on 8 Dec, 1953, and that death occurred at 2:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J Lusby MD
ADDRESS Oakland, Md
DATE SIGNED 17 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/19/53
NAME OF CEMETERY OR CREMATORY Kingwood Cemetery
LOCATION (City, town, or county) Kingwood, Preston (State) WVa

DATE REC'D BY LOCAL REGISTRAR 12/19/53
REGISTRAR'S SIGNATURE Julia Mowrer LR
24. FUNERAL DIRECTOR H L Browning
ADDRESS Kingwood WVa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Alice Green (Last) Swauger

4. DATE OF DEATH: (Month) Dec. (Day) 21. (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 10-15-1859
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Savage Md. Alleg-Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson Green
14. MOTHER'S MAIDEN NAME: Elizabeth Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: LeLand Swauger-Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO

Antecedent cause(s) (b) Art. C. O. D — Year

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile & Arthritis — Years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29-, 1950, to 12-21-, 1953, that I last saw the deceased alive on 12-16-, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE Thomas F Lusby (DEGREE OR TITLE) M.D. ADDRESS Oakland, Md. DATE SIGNED 12/21/ 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 12/23/53
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) (State) Grantsville, Md.

DATE REC'D BY LOCAL REG. 12/21/ 1953
REGISTRAR'S SIGNATURE Julia A Rowan RR
24. FUNERAL DIRECTOR Wm Hinterburg Grantsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Miss Ida Wilson,
7
Bonnie Brae

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (summer home)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
STREET ADDRESS (If rural, give location) 225 N. Craig St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) John (Last) Walton
4. DATE OF DEATH (Month) Dec (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 1[illegible], 1[illegible]
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) McKeesport
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Charles Walton
14. MOTHER'S MAIDEN NAME Janetta Guy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 1[illegible]1-26 1[illegible]
17. INFORMANT AND ADDRESS Mrs. William Walton, 225 N. Craig St. Pittsburg, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) E. J. Baum Gartner M.D. ADDRESS Oakland W DATE SIGNED Dec 7 1953

[illegible] CREMATION [illegible] (Specify) Burial DATE THEREOF Dec 10-1953 NAME OF CEMETERY OR CREMATORY McClain LOCATION (City, town, or county) McHenry (State) Md

DATE REC'D BY LOCAL REG. 12-16-1953 REGISTRAR'S SIGNATURE Julia A Rowan LR 24. FUNERAL DIRECTOR Emroy Baldwin Oakland ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1954
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 129366

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seventh St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
STREET ADDRESS (If rural give location) Seventh St.

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Murphy (Last) Warnick
4. DATE OF DEATH: (Month) December (Day) 8, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 9/1/1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Murphy
14. MOTHER'S MAIDEN NAME: Ellen Enlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Bernadine Warnick Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Acute Myocardial Infarction c̄ — Interval Between Onset And Death: 20 minutes

DUE TO Acute failure.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sclerotic Heart Disease — years

DUE TO

(c) Cerebral Vascular Accident Mild — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1951, to 12-8, 1953, that I last saw the deceased alive on 12-8, 1953, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Fenton, Jr. M.D. ADDRESS Oakland, Md. DATE SIGNED 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/11/1953
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 12/11/53
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12236

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing, (Rural) X
LENGTH OF STAY (in this place) 83yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing, Rural X
STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED: (Type or Print) (First) Darcus (Middle) E (Last) Warnick

4. DATE OF DEATH: (Month) Dec, (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 21, 1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland, (Garrett Co.)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marks Fazenbaker

14. MOTHER'S MAIDEN NAME: Mary E, Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Parker Warnick. (Rural) LOnaconing, Md (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Congestive Heart Failure	1 Year.
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Arteriosclerotic Heart Disease	6-7 yrs.
DUE TO		
(c)		

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 10-3, 19 53 to 12-12, 1953, that I last saw the deceased alive on 12-10, 19 53, and that death occurred at 5:30 am, from the causes and on the date stated above.

SIGNATURE George Richard Eichhorn (Degree or title) ADDRESS Lonaconing Md DATE SIGNED 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** Dec, 14, 1953 — **NAME OF CEMETERY OR CREMATORY** Warnick Cemetery — **LOCATION** (City, town, or county) (State) Garrett County, Md.

DATE REC'D BY LOCAL REGISTRAR 12-14-53 — **REGISTRAR'S SIGNATURE** Jannette M Boal

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. — **ADDRESS**

RECEIVED
DEC 24 1953
BUREAU V. S.

12237

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jo (Middle) Ann (Last) Wilson

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 30 Sept 48

9. AGE last birthday: 5 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Keyser - W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Melvin Lee Wilson

14. MOTHER'S MAIDEN NAME: Jaunita Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Melvin L. Wilson, Bloomington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
353.3 Immediate cause	(a) Accidental - Suffocation	10 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Epilepsy	2 Years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) suffocated with head in pillow — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Bloomington, (COUNTY) Garrett, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 25, 1953, to Dec. 25, 1953, that I last saw the deceased ~~died~~ on Dec. 25, 1953, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE Paul R. Wilson (DEGREE OR TITLE) M.D. ADDRESS Piedmont, W. Va. DATE SIGNED Dec. 28, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-28-53 — NAME OF CEMETERY OR CREMATORY Philos Cemetery — LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. 12-28-53 — REGISTRAR'S SIGNATURE Dorsey Pattison

24. FUNERAL DIRECTOR ADDRESS E. S. Bool, Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 30 1953
BUREAU V. S.